MULTIPLE DEPENDENT CLAIM 10/578769 FEE CALCULATION SHEET (FOR USE WITH FORM PTO-115) CLAIMS AFTER AS FILED AFTER AFTER AS FILED HAMMAN DND. DEP. DND. DEP. DOD. DEP. DND. DEP. IND. DEP. DND. DEP. 75. 91. 92 . TOTAL DO $\overline{\Psi}$ TOTAL DO. TOTAL SEF. TOTAL BU. € € TOTAL

TOTAL

PTO-1344 (REV. \$43)

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